

**BILL VOUCHER FOR PURCHASES AT
SERVICES OTHER THAN PERSONAL**

D. O. Vou. No. _____
Bu. Vou. No. 2368

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

(Payee)

PAID BY

Encl # 4
DDP-0859-59
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				\$25.	48
PAYMENT: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>				Total		\$25.	48
Shipped from _____ to _____		Weight _____	Government B/L No. _____				
I certify that the above bill is correct and just and that payment has not been received. (Sign original only)				(Payee must NOT use this space) Differences _____ _____ _____ Amount verified; correct for _____ (Signature or initials) <i>EE</i>			
Date <u>1/22/59</u>	_____ required when a like certificate is made by payee on attached bill or bills						
Per _____	Title _____						
Contract No. <u>H-101</u>	Date _____	Req. No. _____	Date _____	Invoice Rec'd.			

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____

**SIGN
ORIGINAL
ONLY**

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____
Cash, \$ _____, on _____, 19____ Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be entered in the space provided for the signature of the payee.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

STATOTHR